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ABSTRACT

The School-Age Parenting and Infant Development (SAPID) Program Quality Review (PQR) Instrument focuses on multiple uses related to California's SAPID programs. SAPID programs provide: (1) education for the school-age parent, including classes in parenting education, opportunities for career development, and high school graduation; and (2) care and development services for infants of school-age parents, including education, stimulation, health screening and treatment, and other vital provisions designed to meet the physical and emotional needs of infants. The PQR instrument consists of eight components: philosophy, goals, and objectives; administration; developmental profile; developmental programming; parenting education; family and community involvement; support services; and evaluation. Indicators of acceptable standards of program quality are specified within each component. Verification of acceptable standards is made through documentation, observation, or interview. The instrument is intended to be used not only for objective review of program quality, but also for self-review by governing or advisory boards and program staff; as a step-by-step approach to teaching the assessment of program quality; and as the basis for developing program improvement plans. A glossary of terms used in the instrument is provided. (RH)

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Prepared by the
Child Development Division

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AUTHORITY

Senate Bill 863 (Education Code Section 8203, Chapter 795, Statutes of 1980) requires the Superintendent of Public Instruction to develop standards for the implementation of quality programs and to identify areas for indicators of quality that shall include but not be limited to:

a. A physical environment that is safe and appropriate to the ages of the children and meets applicable licensing standards.

b. Program activities and services that are age-appropriated and developmentally meet the needs of each child.

c. Program activities and services that meet the cultural, linguistic, and other special needs of children and families being served.

d. Family and community involvement.

e. Parent education.

f. Efficient and effective local program administration.

g. Staff that possesses the appropriate and required qualifications or experience, or both. The appropriate staff shall reflect the diverse linguistic and cultural make up of the children and families in the child care and development program. The use of intergenerational staff shall be encouraged.

h. Support services for children, families and providers of care.

i. Resource and referral services.

j. Alternative payment services.

k. Provision for nutritional needs of children.

l. Social services that include but are not limited to identification of child and family needs and referral to appropriate agencies.

m. Health services that include referral of children to appropriate agencies for services.

OVERVIEW

California schools are experiencing a growing need to respond to both the unique educational needs of school-age parents and the care and development of their infants. As educators we have the responsibility to ensure that these student parents have the opportunity to remain in a regular school program which enables them to complete their secondary school education and at the same time receive quality parenting training and infant center services.

The School-Age Parenting and Infant Development Program regulations were developed by the State Board of Education to establish programs that would offer school districts and county superintendents of schools the opportunity of sponsoring a school program that has a twofold purpose:

1. The education of the school-age parent, including classes in parenting education, opportunities for career development and the completion of the high school coursework resulting in a diploma.

2. Care and development services for the infants of these school-age parents, including education stimulation, health screening and treatment and other vital provisions to meet the physical and emotional needs of the infants.

This program permits and encourages school-age parents to remain in the regular school program in order to receive parenting education, develop employable skills, and complete their high school education.

With these opportunities, it is hoped that school-age parents will develop and/or strengthen positive attitudes of self-worth and feelings that they and their infants are important. As parents, they will be capable of providing proper guidance for their children. As trained individuals, they will also have confidence in seeking and maintaining employment in order to support themselves and their children.

DESCRIPTION OF THE INSTRUMENT

This is the first edition of the School-Age Parenting and Infant Development (SAPID) Program Quality Review (PQR) Instrument. It contains eight functional components. Each component has a number of indicators and sometimes items which are considered as acceptable standards of quality. These indicators of quality were written to measure the performance of the program based on the requirements of Chapter 1504 of the Statutes of 1974 (SB 1860) for SAPID programs.

For a determination of the quality of the program, eight components of the SAPID PQR instrument will be evaluated. They are used as the basis for the Program Quality Review since they identify the expectations that the Child Development Division has for program implementation. The eight components include PHILOSOPHY, GOALS AND OBJECTIVES; ADMINISTRATION; DEVELOPMENTAL PROFILE; DEVELOPMENTAL PROGRAM; PARENTING EDUCATION; FAMILY/COMMUNITY INVOLVEMENT; SUPPORT SERVICES; AND EVALUATION. (Note: The DEVELOPMENTAL PROFILE AND THE DEVELOPMENTAL PROGRAM components are from the INFANT/TODDLER PQR Instrument.)

Within each component there are indicators and sometimes items which the reviewers use to determine whether or not the requirements of the functional component have been met.

Verification of the presence of an indicator or item will be made through documentation, observation or interview. The instrument will indicate the verification method to be used. If documentation is required, it is incumbent upon the program staff to provide the materials which verify that the indicator or item is present.

As an aid to program staff, a glossary of terms used in the instrument is provided on page 27.

USES FOR THE INSTRUMENT

The Program Quality Review Committee designed this instrument to communicate in simple yet direct language, with the expectation that a respectful attitude regarding young children and their families, staff and community would prevail. It is meant to fulfill four distinct purposes:

1. Self-Review: It is required that governing or advisory boards and program staffs will rate themselves and will use the results to set program goals. The self-review should be useful to staffs preparing for a formal review. An annual self-review is required as part of the service contract.

2. A Teaching Tool: For administrators, instructional and support staff and governing boards or advisory committees, this instrument is designed to serve as a step-by-step approach for assessing the quality of the program.

3. Objective Review of Program Quality: The Child Development Division will use the instrument to monitor and score programs for program quality. In this process, CDD will also evaluate the extent to which the activity or plan is appropriate. Consultant assistance will be available to those programs that score below acceptable standards.

4. Program Improvement: If a program has been rated in the "adequate" range and above, program staff will be encouraged to select areas of the program that the staff would like to work on for improvement.

PREPARATION FOR AND CONDUCTING OF THE REVIEW

At least one month prior to the review, the agency will be notified of the date and time of the review. If the agency has more than one center, the center to be reviewed will be identified. The agency will be informed of what materials should be available for the review. The agency will also be asked to designate a small working space for the team.

Two people will conduct the review, and every effort will be made by the reviewers not to disturb the program operations. The review is expected to take one day or one day and a half if necessary. This review time includes the following:

Entry meeting

The review team will meet with the program director and other appropriate staff to review the schedule and determine where needed materials are located and answer procedural questions.

Tour of the center

A general tour of the center will familiarize the review team with the general layout.

Observation period

An observation period of at least 20 minutes will occur in the morning and afternoon on the day on which the review is conducted.

Review of written materials

Written materials which verify the presence of an item are to be available in one place. Confidential material should be appropriately protected.

Interviews

Individual interviews will be conducted with the program director. Either individual or group interviews will be conducted with staff, parents, and board members.

Exit meeting

At the conclusion of the review, the reviewers will share the results of the review with the program director and other staff, parents, or board members who can be present.

RATING

The SAPID PQR components have been given a certain number of points, and the total points of the components determine the program rating. Programs are assessed according to the indicators and items within the components. The points earned by the program are totaled, and the program is rated as excellent, good, adequate or inadequate.

Programs with a rating of inadequate are required to submit a program improvement plan which will bring their rating at least to the adequate range. Assistance may be provided by the consultant in selecting the areas to concentrate on for improvement. The plan for improvement must be submitted within thirty (30) days after the date of the program quality review.

PROGRAM COMPONENTS

A. Philosophy, Goals and Objectives

The purpose of the School-Age Parenting and Infant Development (SAPID) Program is to help school-age parents obtain their high school diploma and provide child care and development services to their children. The program philosophy is based on the intellectual and social needs of the parents and developmental needs of the children and is used to formulate clear program goals and objectives to fulfill these two functions. The goals and objectives recognize individual, cultural, and linguistic differences and special needs. All of these differences are incorporated into an overall plan of the program.

Documentations:

1.1 Goals and objectives support the program philosophy. They are reflective of the individual, cultural, linguistic, and special needs of the children and the school-age students (parents and nonparents) and can be articulated by the program staff.

1.2 The Board/Board designee has approved the overall program goals, which include but are not limited to administration, developmental activities, parenting education, support services and family/community involvement.

1.3 The agency has a clearly stated plan to achieve the overall program goals, and the plan is being implemented.

B. Administration

The program is efficiently and effectively administered, with attention being given to the needs of children, parents and staff. Functions of qualified individuals responsible for the program are clearly defined.

1. Program Management:

Interview:

1.1 Agency has identified individuals responsible to children, parents, community and board for admission, physical plant, recordkeeping, attendance, fiscal reports, program activities, nutrition, support services and so on, and there are job description responsibilities that are being carried out by appropriate staff.

1.2 The agency's budget reflects the SAPID program's needs and resources, and the updated budget information is available to the staff on a periodic basis.

1.3 Arrangements are made to provide nutritional supplements (lunch, snacks, breakfast), if needed, to school-age parent/nonparent students in the program to ensure proper nutrition, to prevent illness or other health-relatedcomplications and to promote optimum development of the baby during the prenatal period.

1.4 The agency has a clearly defined internal communication system to provide information in a timely manner.

1.5 Infant Center and Parenting Education Program staff meetings are held regularly to share information and concerns of children and school-age parent and nonparent students.

2. Personnel Policies

Documentation:

2.1 The agency has a personnel policy approved by the board, implemented and accessible to each employee.

2.2 The agency has a recruitment plan, and the plan is being implemented to demonstrate that an effort has been made to employ staff that reflect the cultural and linguistic needs of the children and families being served.

2.3 The agency has a written employee evaluation policy designed to improve performance and to give new employees opportunities to respond to the evaluations.

3. Staff Development

Documentation:

3.1 The agency has an orientation plan for substitutes and new employees regarding program philosophy, goals, objectives, policies and procedures.

3.2 The agency has a staff development plan that includes but is not limited to the following:

Child growth and development
First aid and safety
Discipline
Classroom environment
Child abuse determination
Hygiene and health (adult)
Child health
Cultural awareness
Needs or exceptional children
Nutrition education
Chemical abuse
Child assessments
Communication skills
Program recordkeeping requirements
School/community resources and social services

C. Developmental Profile

A developmental profile should be maintained for each infant and toddler and utilized by the caregiving staff to design a program that meets the child's developmental needs. An infant/toddler developmental profile consists of information received from the parent(s) about the child and information received through caregiver observation and interaction regarding the child's developmental characteristics. At the start of the program, information should be obtained from the parent(s) on the child's developmental and health history, needs and preferences, and family background. After the infant/toddler has had an opportunity to adjust to the program, the primary caregiver or other designated staff should determine the child's developmental level and needs through either formal or informal observational methods and plan activities accordingly. Assessing the developmental needs of infants and toddlers is an ongoing process and information gathered should be shared with the child's parent(s) on a regular basis.

Documentation - Review 10% or at least five children's individual files.

1.1 At enrollment, information regarding the child is obtained from the parent(s) covering the following areas:

1.1.1 Developmental history (for example, age child rolled over, crawled, walked; special words for rattle; excretory functions; child's fears; special attachment; favorite toys)

1.1.2 Health history (for example, prenatal and birth conditions, chronic health conditions, food and other allergies)

1.1.3 Nutrition (for example, types of formula, introduction of solid foods, food preferences of child and family)

1.1.4 Child-rearing practices (for example, types of guidance used, expectations)

1.1.5 Family background (for example, family members, ages of siblings, language spoken in the home, cultural values)

1.1.6 Special needs are identified, and referrals and follow-up are made as necessary.

1.2 A written ongoing developmental profile is maintained on each child and covers the following areas:

1.2.1 Social-emotional development
1.2.2 Physical development
1.2.3 Cognitive development

1.3 At least two formal parent conferences are held regarding the child's growth and development.

Interview

1.4 The information gathered at enrollment is utilized to plan for the child's care.

1.5 The staff evaluates the development of each child on an ongoing basis and adjusts the plan for the child's care accordingly.

1.6 The staff and parent(s) confer on an ongoing basis to discuss the child's care and development.

D. Developmental Program

Center Observation

1. Learning Environment

The learning environment and its arrangement of furnishings, equipment, and materials have a significant influence on the functioning of the infants, toddlers and caregiving staff. The caregivers' primary responsibility is to ensure the health and safety of the infants and toddlers by eliminating dangerous conditions and materials and by arranging the environment for easy supervision while allowing for the free movement and independent choices of the growing child. The color of the walls, lighting of the rooms, and surfaces of the floors should be pleasing, comfortable and easily maintained. The arrangement of space for the infant or toddler should be designed to include small quiet areas as well as room for active movement and exploration.

1.1 There are separate functional areas for food preparation, feeding, sleeping, playing, bathing and diapering.

1.2 The environment is safe and free of hazards (e.g., electrical outlets are covered, safety gates are installed on all stairways not designed for children's use, and all furniture or equipment that could fall, be pulled over or climbed upon have been secured).

1.3 Separate play areas are provided to meet the developmental needs of different age groups.

1.4 Developmentally appropriate materials of sufficient quantity and variety are available for each child.

1.5 Books, toys and materials reflect the cultures of the families being served.

1.6 The environment is designed so that infant and toddlers can choose and use materials independently (e.g., toys are on low shelves).

1.7 Equipment is child size and adjusted for the developmental ages of the infants and toddlers.

1.8 Quiet and noisy areas are separated, and there are private areas to provide a break from over-stimulation.

1.9 Dividers used to separate one area from another are low enough to provide for easy supervision.

2. Caregivers' Influence on the Environment

Caregivers set the tone of the learning environment by their knowledge, skills and personal styles of interaction. They guide and encourage the infants' and toddlers' learning by ensuring that the environment is emotionally supportive; invites active exploration, play and movement; and supports a broad array of experiences. An established routine, together with a stimulating choice of materials, activities, and relationships, enhances the infants' and toddlers' learning and development.

Young infants begin to learn from their immediate surroundings and daily experiences. The sense of well-being and emotional security conveyed by a loving and skilled caregiver creates a readiness for other experiences. Before infants can creep and crawl, it is important for caregivers to provide a variety of sensory experiences and encourage movement and playfulness.

Mobile infants are active, independent and curious. They are increasingly persistent and purposeful in doing things. They need many opportunities to practice new skills and explore the environment within safe boundaries. As the mobile infants' skills and discoveries increase, the caregivers should gradually add more variety to the learning environment.

Toddlers are increasingly developing new language skills, physical control and awareness of others and themselves. Caregivers can support their learning in all areas by maintaining an environment that is dependable but flexible enough to provide opportunities for them to extend their skills, understanding and judgement in individualized ways.

2.1 Infants and toddlers are given the freedom and opportunity to move and explore in a variety of safe spaces, including outdoors.

2.2 Caregivers ensure that toys, equipment, and other materials which are safe for older groups are not accessible to younger groups, except under close supervision.

2.3 Simple and consistent patterns are followed in making transitions from one activity to another.

2.4 Routines, activities and materials are adjusted to the mood and energy changes of infants and toddlers.

2.5 There is minimal use of infant seats and swings, high chairs or play pens (this does not include the use of car seats for vehicle transportation).

2.6 Small objects (less than one inch in diameter) and foods which frequently cause choking (e.g., grapes, hot dogs, peanuts) are not accessible or given to infants.

2.7 Young infants are held and carried about frequently and their positions and locations are changed often during the day.

2.8 A primary caregiver is assigned to each child under the age of two. (This item must also be validated by documentation and staff interview.)

2.9 Caregivers' purses, hot beverages, medication and so on are limited to a designated area which is inaccessible to children.

3. Health

Good health involves sound medical practices. Adults need to model and encourage good health habits with infants and toddlers. Acute or chronic illness and nutritional problems need to be quickly detected and referred for treatment. Prompt, appropriate care must be given to infants and toddlers who are injured. Parents and caregivers should exchange information about the infant and toddlers health frequently.

Young and mobile infants need affectionate and competent physical care geared to their individual needs and rhythms. Caregivers can help infants regulate their eating, sleeping, and other activities gradually while continuing to balance the individual and the group needs.

Toddlers imitate and learn from the activities of those around them. Good health habits can be established by modeling and encouraging good health practices, such as hand washing, use of tissues, nutritious eating and so on.

3.1 Sanitation procedures (handwashing, diaper changing, cleaning of toys and equipment, and so on) for maintaining a clean and healthy environment are posted and followed by the caregivers.

3.2 Food preparation and feeding activities are separated from diapering and bathing areas.

3.3 Caregivers working with young infants wear smock-like coverings that are changed daily or more frequently if they become soiled.

3.4 Feeding, sleeping, and diapering/toileting activities are recorded daily for each infant and toddler, and the information is available to the parent at the end of each day.

3.5 Caregivers encourage toddlers to follow good health practices by washing their hands after toileting, before eating, and at other times as needed and by not sharing feeding utensils, facial tissues and other personal items.

3.6 Young infants are allowed to establish and maintain their own eating and sleeping patterns.

4. Nutrition

Good nutrition is essential to the physical growth of the developing child. Caregivers must provide a nutritious, well-balanced diet which meets each child's dietary needs and emerging eating skills. Mealtime should be an enjoyable experience, and food should be served in a pleasant, relaxed atmosphere. Caregivers should regard mealtime as a learning opportunity and should model and encourage healthy eating habits. Caregivers should also communicate regularly with parents regarding prescribed formulas, dietary supplements and/or restrictions and should post a weekly menu which describes the meals and snacks being offered.

Young infants should always be held for bottle feeding. They need special attention during feeding time to ensure that they have enough food and emotional nurturing. The feeding schedule should be flexible to allow for feedings when the child is hungry, and the child should be fed by a consistent or familiar caregiver. Young infants may begin eating solid food between four and six months of age starting with cereal or strained fruits or vegetables. New foods should be introduced gradually, one at a time, and as recommended by the child's physician.

Mobile infants can communicate when they want food and when they have had enough. Although milk or formula still fulfills their dietary needs, they can have chunky fruits and vegetables, juices, and soft foods. Mobile infants may begin to drink from a cup as well as the bottle as they enter early stages of feeding themselves. In their attempts to feed themselves, they should handle their food in order to develop small-muscle coordination, sensory awareness, and growing feelings of autonomy.

Toddlers are ready for a wider range of solid foods, and formula is becoming a less important source of nutrition. They continue to eat cereal, fruits, and vegetables supplemented with an increasing variety of foods. By feeding themselves finger foods and using bowls and spoons, they learn eye-hand coordination and independence.

4.1 Food is prepared and served in a manner that is appropriate for the developmental level of the child (e.g., strained foods, food cut into small pieces, small utensils for eating and serving)

4.2 A relaxed routine is established which makes mealtimes pleasant.

4.3 Menus for toddlers reflect the cultures and preferences of the families enrolled. (Review in conjunction with developmental profile.)

4.4 Young infants are individually fed and held for bottle feedings.

4.5 The staff accommodates mothers who are breast-feeding their infants by making the necessary arrangements.

4.6 Mobile infants and toddlers are offered finger foods when developmentally appropriate, and toddlers are encouraged to feed themselves.

4.7 Caregivers sit and eat with the toddlers while modeling appropriate behavior and using mealtime as a learning experience.

5. Language and Communication

Communication can take many forms, including spoken words or sounds, gestures, eye and body movements, and touch. Infants and toddlers are learning to understand verbal and nonverbal means of communicating thoughts, feelings and ideas. Caregivers can assist infants and toddlers with their communication skills by providing ample opportunity for infants and toddlers to listen, express themselves freely and interact with other children and adults.

Young infants need adults who are attentive to their nonverbal and nonverbal communication. Caregivers can provide better care when they respond sensitively to the individual signals of each infant. Infants' early babbling and cooing are important practice for later word expression. Infants' speech development is facilitated by an encouraging partner who responds to their beginning communications.

Mobile infants begin to jabber expressively, name familiar objects and people and understand many words and phrases. Caregivers can build on this communication by showing active interest in infant and toddler expressions, interpreting their first attempts at words, repeating and expanding on what they say, talking to them clearly and telling them simple stories and rhymes.

Toddlers increase their vocabularies and use of sentences daily. There is a wide range of normal language development during this time. Some are early talkers; others are late talkers. Caregivers should communicate actively with all toddlers modeling good speech, listening to them carefully, and assisting them with new words and phrases.

5.1 Caregivers respond to infant and toddler body language that signals discomfort, excitement and pleasure.

5.2 Caregivers frequently talk with individual infants and toddlers, using clear, simple and correct language patterns and maintaining eye contact.

5.3 Caregivers encourage infant babbling and toddler vocalizations by repeating and expanding on their limited verbal skills and by naming familiar objects and discussing routine activities in the infant and toddler environment.

5.4 A variety of songs, stories, books, and games from the infant and toddler culture and language are used to promote language development.

5.5 Caregivers use affectionate and playful tones when appropriate.

5.6 Caregivers listen attentively to infants and toddlers, try to understand what they want to communicate and assist them in expressing themselves.

6. Emotional Development

All children need a physically and emotionally secure environment that supports their developing self-knowledge, self-control and self-esteem, while at the same time encourages respect for the feelings and rights of others.

Flexibility, responsiveness and emphasis on individualized care for each infant and toddler are especially important in providing this security. Knowing one's self includes knowing about one's body, feelings and abilities. Accepting and taking pride in one's self comes from experiencing success and being accepted by others as a unique individual. Self-esteem develops as children master new abilities, experience success as well as failure and realize their effectiveness in handling increasingly challenging demands in their own ways.

Young infants, during the first few weeks and months, begin to build a sense of self-confidence and security in an environment where they can trust that an adult will lovingly care for their needs. The adult is someone who feeds the child when hungry, keeps the child warm and comfortable, soothes the child when distressed and provides interesting things to look at taste, smell, feel, hear and touch.

For mobile infants, a loving caregiver is a "home base" who is readily available and provides warm physical comfort and a safe environment to explore and master. This emotional stability is essential for the development of self-confidence as well as language, physical, cognitive and social growth.

Toddlers become aware of many things about themselves, including their separateness from others. A sense of self and growing feelings of independence develop at the same time that toddlers realize the importance of parents and other caregivers. The healthy toddler's inner world is filled with conflicting feelings and ideas: independence and dependence, confidence and doubt, fear and power, hostility and love, anger and tenderness and aggression and passivity. The wide range of toddlers' feelings and actions challenge the resourcefulness and knowledge of adults who provide them emotional security.

6.1 Caregivers address each infant and toddler by name.

6.2 Caregivers give one to one attention to each child as much as possible.

6.3 Caregivers allow and encourage children to express their feelings of affection, joy, delight, sadness, anger and so on.

6.4 Caregivers respond sensitively when children are frustrated, angry or afraid or when they are separated from parents.

6.5 Caregivers welcome a child who comes for nurturing with a loving voice, hugging or stroking.

6.6 Caregivers support child's developing awareness of self by using mirrors, photographs and so on.

6.7 Caregivers encourage and help children develop and practice self-help skills when eating, getting dressed, using toys and equipment and cleaning up.

7. Social Development

Knowing what behavior is appropriate or acceptable in a situation is an important skill. Older infants and toddlers develop this understanding when consistent limits and realistic expectations of their behavior are clearly and positively defined. Understanding and following simple

rules can help children develop self-control. Children feel more secure when they know what is expected of them and when adult expectations realistically take into account each infant's and toddler's development and needs.

Young infants enter the world with a capacity and a need for social contact. Yet each child has a unique style of interaction as well as readiness for different kinds of interactions. Infants need both protective and stimulating social interactions with a few consistent, caring adults who get to know them as individuals. The caregivers' understanding response to their signals increases infants' participation in social interactions and their ability to read the signals of others.

Mobile infants are curious about others but need assistance and supervision in interacting with other children. They continue to need one or a few consistent caregivers as their primary partner(s).

Toddlers social awareness is much more complex than that of younger infants. Toddlers can begin to understand that others have feelings too--sometimes similar to and sometimes different from their own. They imitate many of the social behaviors of other adults and children.

7.1 Infants and toddlers are encouraged to engage in social play and interaction with caregivers during feeding, bathing, dressing and other aspects of care.

7.2 Caregivers respond quickly and calmly to prevent infants and toddlers from hurting each other while showing understanding of the children's needs and feelings.

7.3 Caregivers modify activities when they become over stimulating for any of the infants or toddlers.

7.4 When caregivers redirect a toddler's behavior, a brief explanation of limits and rationale is provided.

7.5 Caregivers address the behavior or situation rather than label the child good, bad and so on.

7.6 Caregivers respect the toddler's right to say "no" or not to participate.

7.7 Caregivers provide books, pictures, stories and dramatic play materials to help children identify positively with events and experiences in their lives.

8. Physical Development

Physical development is an essential part of the total development of infants and toddlers. Developing physically includes using large and small muscles, coordinating movements and using the senses. Large motor development includes strengthening and coordinating the muscles and nervous system, controlling large motions using the arms, legs, torso or the whole body. Small motor development involves the ability to control and coordinate small, specialized motions using the eyes, mouth, hands and feet. Adults should provide materials, equipment and opportunities for indoor and outdoor activities that encourage this development and recognize and respect the wide differences in individuals rates of physical development.

Young infants begin all learning through physical movement, taste, touch, smell, sight and sound. By moving their arms, hands, legs and other body parts and by touching and being touched infants develop an awareness of their bodies and their ability to move and interact with the environment. By using their mouths to explore, hands to reach and grasp, whole bodies to roll over and sit up, they master the necessary skills needed for developmental stages that follow.

Mobile infants delight in practicing and achieving new physical skills: crawling, standing, sitting down, cruising and walking. They interact with their environment in a practical way, using all their senses to examine and manipulate objects and begin to understand cause and effect. space and distance in this way.

Toddlers continue to master physical skills at their own individual rates. Their learning and interaction with the environment continue to be active. Although they are gaining greater control and satisfaction through use of their small muscles, they need opportunities to exercise their large muscles often each day.

8.1 Caregivers provide warm and loving physical contact with infants in a variety of ways from soothing to stimulating, depending on the infant's readiness and needs.

8.2 Caregivers provide ample opportunities to practice crawling, creeping and walking while still needing to hold on, walking independently, climbing, descending stairs and making other physical movements.

8.3 Caregivers provide activities and materials to help infants develop their small muscles by grasping, dropping, pulling, pushing, throwing, fingering, mouthing.

8.4 Caregivers provide appropriate large muscle activities (e.g., playing ball, running, climbing both indoors and outdoors, movement to music).

8.5 Caregivers provide opportunities for the development of eye-hand coordination (e.g., fitting objects into a hole in a box, self-feeding).

9. Cognitive Development

Exploring and trying to understand the world is natural and necessary for infant and toddler cognitive or intellectual development. As children learn and grow, their thinking capacities expand and become more flexible. Adults should support and guide this process by joining infant and toddler's play, responding to their interests with new learning opportunities and to their questions with information and enthusiasm. Cognitive growth also requires healthy development in other areas: consistent physical growth, secure emotional behavior and positive social interaction.

Young infants begin cognitive learning through their interactions with playful caring adults in a secure environment. Some of their early learning includes becoming familiar with distance and space relationships, sounds, similarities and differences among things and visual perspectives from various positions (front, back, under and over).

Mobile infants actively learn through trying things out; using objects as tools; comparing; imitating; looking for lost objects and naming familiar objects, places and people. By giving the children opportunities to explore space, objects and people and by sharing the pleasure of infants and toddlers in discovery, adults can build confidence in the children's ability to learn and understand.

Toddlers enter into a new and expansive phase of mental activity. They are beginning to think in words and symbols, remember and imagine. Their curiosity leads them to cry out for materials in many ways, and adults can encourage this natural interest by providing a variety of new materials for experimentation. Adults can create a supportive social environment for learning by showing enthusiasm for the toddlers' individual discoveries and by helping them use words to describe and understand their experiences.

9.1 Caregivers provide equipment that children can explore and master by themselves.

9.2 Caregivers allow children time and space for extended concentrated play by reducing distractions and interruptions.

9.3 Caregivers provide children many opportunities to explore cause and effect, to learn how things work.

9.4 Caregivers allow children to discover ways to solve problems that happen in daily activities.

9.5 Caregivers talk to infant, describing what they are doing and what they feel, hear, touch and see.

9.6 Caregivers assist toddlers in learning names of common objects and in talking about their experiences and observations as they happen or soon thereafter.

10. Creative Development

All children are imaginative and have creative potential. They need opportunities to develop and express these capacities. Creative play serves many purposes for infants and toddlers in their cognitive, social, physical and emotional development. Adults should support the development of infant and toddler's creative impulses by respecting creative play and by providing a wide variety of activities and materials that encourage spontaneous expression and expand their imagination.

Young and mobile infants are creative in their unique and individual ways of interacting with the world. Adults can support their creativity by respecting and enjoying the variety of ways in which very young children express themselves and act on their environment.

Toddlers are interested in using materials to create something of their own--sometimes to destroy and create it again or to move on. For example, they become absorbed in dipping a brush in paint and watching their stroke or color on paper. They use their voices and bodies creatively: swaying, chanting and singing. They enjoy making up their own words and rhythms as well as learning traditional songs and rhymes. Adults can provide raw materials and opportunities for toddlers' creativity and can show respect for what they do. Make-believe and pretend appear gradually, and adults can join in imaginative play while helping toddlers distinguish between what is real and what is not.

10.1 Caregivers are alert and responsive to infant and toddler initiatives to play, move and use toys and materials.

10.2 Caregivers model and encourage children's creativity through language, by imitating sounds (e.g., cars, animal sounds, nonsense words, rhymes, and imaginative stories).

10.3 Materials are available, and children are allowed to explore them in their own ways.

10.4 A variety of rhythm, music and movement experiences are provided.

10.5 Creative messy activities are provided for mobile, infants and toddlers such as water, sand play, finger painting and playing with clay.

10.6 Unstructured materials (blocks, boxes, paint and clay) and representational toys (cars, dolls, animals, dishes) which are appropriate for mobile infants and toddlers at different developmental levels are regularly provided.

E. Parenting Education

School-age parents and other participating students should receive a planned parenting education program which must be a balance of theory and practicum. While the curriculum may be individualized to meet the linguistic, cultural, health, nutritional and social needs of the students, it must provide instructions and practical experiences in child growth and development, instructions in career development opportunities and other necessary instructions to complete their regular high school education resulting in a diploma.

Documentation/Observation:

1.1 Students' (parents and nonparents) needs are identified in the areas of health, social-emotional, cultural, linguistic, and academic, and a program is planned for the group as a whole and for individuals.

1.2 The physical development curriculum promotes students' understanding of their own physical development (human sexuality, human reproduction, pre/post natal development, nutrition) and that of the child (nutrition, toilet training, child growth and development, child protection and safety).

1.3 The social-emotional curriculum promotes students' understanding of our positive cultural and social-emotional development as well as an understanding of the child's social-emotional development.

1.4 The family/life skills program includes, but is not limited to, homemaking skills, budgeting, consumer education, infant food preparation and clothing selection, health education and preventative health measures, understanding of health care system and its availability and skills of maintaining a home.

1.5 The family education program is culturally appropriate and includes, but is not limited to, family structure, parental roles and responsibilities, parental expectations of the child, handling of parents frustrations and effective interaction between parent and child.

1.6 An effective career education program includes, but is not limited to, exploration of student's interests and capabilities, development of employable/job-seeking skills, exploration of opportunities available for employment, opportunities for work experiences and training and so on.

1.7 When needed, major services planned to assist students in obtaining success in the secondary core curriculum are specified. These may include, but are not limited to, mastering basic skills in language, reading, math and/or vocational training.

F. Family/Community Involvement

The infant center establishes an advisory council consisting of 50 percent of parents and other participating students and 50 percent representation of other groups (school, community) to assist and evaluate the overall infant center program.

The program is integrated into the community and elicits help from the community to operate. The community is encouraged to provide support for program operation.

Documentation:

1.1 Parent Advisory Council (PAC) members are identified and formed in accordance with SAPID regulations (sections 181466-18149) and are informed about the program and their roles and responsibilities.

1.2 At least two meetings are held during the school year to assist in the development of the infant center program.

1.3 Program invites and encourages participation of extended family members in school/infant center activities.

1.4 Program identifies available goods and resources and seek donated goods and services in the community.

1.5 Program uses donated foods and services and acknowledges the donations.

G. Support Services

The program shall provide information about available health and social services to parent/nonparent students when needed. These services, when appropriate, may include group discussion, individual conferences, home visits, referrals for specialized treatment and follow-up. Information solicited from students should be kept confidential.

Documentation/Interview:

1.1 The agency has a written policy pertaining to confidentiality of family records/information which has been adopted by the governing board.

1.2 The agency has a plan to provide ongoing health information to parents, including free or low-cost health care, and the plan has been implemented.

1.3 The agency has a process of identifying other (social, basic, emergency) support services needs of the families.

1.4 The agency has a process of referring the families in need of other support services and of following up.

1.5 Program staff carry out surveillance for communicable diseases, child abuse, recordkeeping of accidents and follow-up referrals to physician or appropriate professionals.

H. Evaluation

The agency has an evaluation plan which is an ongoing process to help determine if the stated goals and objectives are being met according to measurable criteria and that such information is used to make necessary changes to bring about the completion of planned activities. Staff and parents are included in the evaluation.

Documentation/Interview:

1.1 The agency has an evaluation plan for the program on an ongoing basis and at the end of the year to determine if the program meets the specific needs of the students (parent and nonparent).

1.2 Administration reviews all aspects of the program and suggests changes if necessary.

1.3 Parent/nonparent students are incorporated into evaluation process and are encouraged to review goals, objectives and program implementation.

1.4 The program implements the results of evaluation findings to assess progress in meeting the stated goals and objectives and the completion of planned activities.

GLOSSARY

ACTIVITY. Specific short-term functions that will lead to the achievement of a related objective for children, parents, staff or community.

ACTIVITY PLANS. A written plan of daily activities provided for a group of children or an individual child and based on identified needs of the child(ren), including these development areas: social-emotional, physical, cognitive and communicative.

CULTURALLY APPROPRIATE. Used in this instrument to indicate an activity, learning experience or behavior that positively reinforces and does not disparage a child's culture or origin.

DEVELOPMENTALLY APPROPRIATE. Used in this instrument to describe behaviors referenced against accepted developmental stages.

EVALUATION. Used in this instrument to describe a process whereby a plan, procedure or policy is reviewed for effectiveness and/or appropriateness and includes intent to make necessary changes.

GOALS. The desired long-term general results expected for the total program to achieve for the child(ren), parents, staff and community involved. Goals are timeless and are measured through the achievement of related objectives.

LINGUISTICALLY APPROPRIATE. Used in this instrument to indicate that a child's dominant language is not disparaged and is used in the child development program along with standard English.

MULTICULTURAL. Used in this instrument to indicate an activity or experience which exposes children to the traditions, customs and history of the various cultures found in society.

OBJECTIVE. A more specific result (of long or short duration) expected for children, parents, staff or community of the child development program leading to the achievement of a related goal.

PAC (Parent Advisory Committee). A committee, composed of at least 50 percent parent membership, which meets regularly and is informed on issues relating to the agency and the program.

POLICY. Used in this instrument to mean on overall administrative position of the agency which is not in conflict with state regulations and embraces the general goals and objectives of the agency and establishes operating procedures to meet those goals and objectives.

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